

# Community Development Block Grant



## FFY 2009 Community Development Block Grant Application

Date Received by DCCED

### Applicant (Borough/City)

Name

Contact Person

Address

Phone Number

City

State

ZIP

Facsimile Number



**Co-Applicant or Joint Applicant (if applicable)**

Name

Contact Person

Address

Phone Number

City

State

ZIP

### Project Description:

### Type of Application:

Community Dev ☐

Planning ☐

Spec Econ Dev ☐

Yes No

Is your project eligible under  
Section 105(a)(2)(5)(7)(15)?

☐ ☐

Is your project eligible under  
Section 105(a)(14)(17)?

☐ ☐

### Proposed Budget

\$ \_\_\_\_\_ CDBG Request

+ \$ \_\_\_\_\_ Cash Match

+ \$ \_\_\_\_\_ In-Kind  
Contributions

= \$ \_\_\_\_\_ TOTAL  
Project Cost

**Certifications:** I, the undersigned, certify that I am authorized to represent the applicant, that to the best of my knowledge and belief, data in this application is true and correct, that the document has been duly authorized by the governing body of the applicant, that the community is empowered by statute to perform the functions and provide the services encompassed by the proposed project, and that the applicant will comply with all applicable State and Federal laws and regulations in implementing the proposed project if it is selected for funding.

Signature of Eligible/Primary Applicant

Date

Printed Name:

Official's Title:

**CRITERION #1**

Maximum  
Points  
Available

**15**

## **Project Description & Selection/ Citizen Participation Plan**

**A. Project Description**

What are you going to do? Describe the project as completely and in as much detail as possible by first identifying existing conditions, the nature of the proposed project, and what needs the project will address in your community. (See page 31 of the Handbook.) If your project is eligible under Section 105(a)(14) or (17) of the Special Economic Development category, identify the private for-profit entity or entities which will receive assistance. Show how jobs will be created. If your project is eligible under the Planning category, identify the specific plan you will produce as a result of this project.

**B. Selection Process/Citizen Participation Plan**

How and why did the community decide on this project? Describe the public participation process used and how and when residents, especially low and moderate income residents, had the opportunity to comment. Does the project demonstrate community consensus? Attach copies of minutes of at least one public hearing, which was held within the six-month period prior to acceptance of this application. (See page 31 of Handbook) ***This is a federal requirement. This application cannot be considered for funding without minutes showing that the public had an opportunity to comment and suggest a variety of possible projects.***

**Example**  
**Public Hearing for FFY 09 CDBG Application**

- ☐ The Public Hearing may be called as a special meeting or may be part of the regular City Council meetings. It should be held by the eligible applicant (City or Borough). Give adequate notice to residents about the Public Hearing. Post notices in several different places around your community to reach as many individuals as possible. Clearly state the time, place, and reason for the Hearing.
- ☐ After calling the Hearing to order, explain what the CDBG Program is and explain that CDBG grant funds can be used for different activities. They can be used for Community Development projects, Planning projects or Special Economic Development projects. Ask if there are any questions on the types of projects that CDBG funds can be used for.
- ☐ Give an example of a proposed project that is currently needed in the community. Tell what it is and why it should be chosen for the FFY 09 CDBG proposed project.
- ☐ Call for alternative proposals. Discuss all proposals fully to clearly identify what projects are needed and why they are important to the community.
- ☐ If there are no alternative proposals, clearly state this fact in the minutes of the meeting.
- ☐ Approve submission of the CDBG Application.
- ☐ After the meeting, the minutes of this Hearing must be written up and attached to the application. You should now be able to answer the remaining questions in this section of the application.

**C. Date of Public Hearing/Community Meeting:** \_\_\_\_\_  
(Must be within six months of application.)

**D. Are minutes of meeting attached as required?** ☐ Yes ☐ No

**E. Do the minutes demonstrate that the CDBG program was explained and the types of projects that can be funded discussed?** ☐ Yes ☐ No

**F. Do the minutes demonstrate that residents had the opportunity to suggest a variety of possible projects for which to apply?** ☐ Yes ☐ No

**G. Identify the other projects considered for CDBG funding and explain why this project was selected as the priority.**

**CRITERION #2**

Maximum  
Points  
Available

**25****Project Plan/Readiness**

- A. Describe the community's plan for implementing the proposed project. Include timelines, goals, objectives, and expected outcomes. (See page 32 of the Handbook.)

**B.** Describe what efforts the community has undertaken to ensure the success of the project. Describe how you have organized the community for the project; what project agreements are in place; what resources are dedicated to the project; and what kinds of production market assurances are in place. Have you completed and attached an Operations and Maintenance Budget for Community Development activities?

**C. Identify major project activities and dates for completion of those activities:**

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Activity	Date to be Completed
_____	_____
_____	_____
_____	_____
_____	_____

**D. Indicate whether you have the following:**

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Final Plan Documents (Building/Design)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. State Fire Marshal Approval of Plans  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Compliance with Grant Recipient Manual<br>(on building construction/renovation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Other Required Permits (See Appendix G)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Cooperative/Joint Agreements (See Appendix E & F)                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**E. Identify other State/Federal/Public agencies involved with this project:**

_____ Name of Agency	_____ Name of Agency
_____ Contact Person	_____ Contact Person
_____ Reason for Involvement	_____ Reason for Involvement
_____ Name of Agency	_____ Name of Agency
_____ Contact Person	_____ Contact Person
_____ Reason for Involvement	_____ Reason for Involvement

**F. Site Control:** If the proposed project involves the use of real property you must provide evidence in the form of a deed, lease, or easement showing that the community has obtained an enforceable right to use that parcel of land or facility.

a. Provide the legal description of the property:

b. Attach a map which identifies the property. Map attached? ☐ Yes ☐ No

c. Check which document you have that proves ownership or your legal right to use the property.

<input type="checkbox"/> <b>Deed:</b>	Have you attached a copy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> <b>Lease:</b>	Have you attached a copy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> <b>Easement:</b>	Have you attached a copy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

d. If you do not have one of the above documents, what steps do you need to take in order to obtain the right to use the property? For example, do you need to purchase the land? ... negotiate and execute a lease with some entity? ... finalize ANCSA 14(c)(3) reconveyance? Please explain the situation as you know it and your anticipated timeframe to prove site control.

e. Has this property been occupied over the last 12 months? ☐ Yes ☐ No

f. Will there be anyone displaced from the property for this project? ☐ Yes ☐ No

g. Have you contacted your DCCED Regional Office and asked for assistance with site control? ☐ Yes ☐ No

**G. Environmental Review:** Every successful applicant for CDBG grant funds must obtain appropriate environmental clearances for their proposed activity, as required by the federal regulations which accompany expenditure of any federal funds. The Department will make a determination regarding the environmental requirements of each project and notify each grantee about appropriate procedures after notification of award. Please indicate that you are aware of this requirement. ☐ Yes ☐ No



### **CRITERION #3**

Maximum  
Points  
Available

**25**

## **Project Impact**

- A. Identify the benefits to the community which will result from the project, especially those which provide a direct benefit to low and moderate income residents. Describe how the needs of local low and moderate income residents will be met with this project. (See page 33 of Handbook.)

**B.** Below is a list of possible ways in which a project might benefit a community. Check the boxes beside those benefits which are appropriate for the specific project you are proposing and describe in the narrative below ***how*** your project will result in those benefits being realized. Attach additional pages if necessary. Be specific.

- ☐ Contributes to solving public facility problems by constructing, upgrading, or reducing operational costs of essential community services
- ☐ Eliminates imminent threats to public health/safety
- ☐ Develops infrastructure for community/economic development
- ☐ Promotes self-sufficiency and diversification
- ☐ Attracts other funds and resources to the community
- ☐ Promotes long-term positive solutions to continuing or reoccurring problems
- ☐ Promotes small business development in the community
- ☐ Utilizes an “underutilized work force”
- ☐ Utilizes “underutilized capital resources”

**Narrative:**

- C. If your project is eligible under Section 105(a)(14) or (17), or is part of a community economic development project under Section 105(a)(15), you must meet the **Guidelines and Objectives for Evaluating Project Costs & Financial Requirements** and the **Public Benefit Standards** identified on pages 10, 11, & 12 of the Handbook. Attach supporting documentation.

Identify the number of jobs to be created or retained by the applicant as a direct result of this project: (See pages 23 & 24 of the Handbook for definitions.) *Note: This does not include short-term jobs created for implementation of this project. Only permanent jobs may be counted.*

	Full-time	Part-time	TOTAL
a. Jobs to be CREATED:	_____	_____	_____
b. Jobs to be RETAINED:	_____	_____	_____

- c. Identify each of the above identified jobs by **title** and attach position descriptions if available.

Created		Description Attached		Retained		Description Attached	
		Yes	No			Yes	No
Title: _____	<input type="checkbox"/>	<input type="checkbox"/>		Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Title: _____	<input type="checkbox"/>	<input type="checkbox"/>		Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Title: _____	<input type="checkbox"/>	<input type="checkbox"/>		Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Title: _____	<input type="checkbox"/>	<input type="checkbox"/>		Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Title: _____	<input type="checkbox"/>	<input type="checkbox"/>		Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Title: _____	<input type="checkbox"/>	<input type="checkbox"/>		Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	

- d. Explain what efforts you will make to ensure that the above jobs are targeted for low and moderate income residents.

**D.** For Special Economic Development projects, describe how you determined that this project is economically feasible and viable by providing cash flow and profitability data.

a. Have you completed feasibility and/or marketing studies? ☐ Yes ☐ No  
(If yes, please attach copies)

b. Have you completed an Operations/Maintenance Budget? ☐ Yes ☐ No  
(If yes, please attach copies)

**CRITERION #4**Maximum  
Points  
Available**25****Budget/Match/In-Kind****A. General Information about preparing your budget is provided below:**

1. Your Proposed Budget should  
consist of four parts:

①		CDBG Request
	+	
②		Cash Match
	+	
③		In-Kind Contributions

---

④	=	Total Project Cost
---	---	--------------------

2. Respond to the following questions for your proposed budget:

- a. Does your budget include labor/payroll costs? ☐ Yes ☐ No
- If yes,** will the project labor be Force Accounted? ☐ Yes ☐ No
- OR,** will the project labor be Contracted Out and require payment of Davis Bacon wage rates? ☐ Yes ☐ No

**Note:** *Labor on CDBG projects must be either Force Accounted or paid Davis Bacon wages.*

Refer to pages 28 - 30 of the Handbook for detailed instructions on both Force Accounting and Davis Bacon Requirements before completing the labor and fringe benefit budget component.

- b. Does your budget include a cash and in-kind match so that you may receive the maximum number of available points in this category?
- ☐ Yes ☐ No
- c. Does your budget include costs for any consultants? ☐ Yes ☐ No
- If so, please identify their expected role in the project.

**Note: The following section is for CDBG funds only. Do not include your cash and in-kind match portions on numbered items 1 through 10.**

**B. Budget Narrative and Computation for CDBG Request only:**

This Budget Narrative and computation section should provide a description of how the CDBG budget was determined. Do not include items which will be paid with matching funds. You should include an explanation and a cost estimate for each line item, as applicable. You will need to explain computations below for each cost category and attach documentation to support proposed costs.

**1. & 2. Labor and Fringe Benefits (to be paid with CDBG funds only):**

Position	Wage Rate	No. of Hours	Gross Wages	FICA	ESC	Workers Comp.	Other	Total Labor Cost
		X	=					
<b>Total</b>								

NOTE: Acceptable fringe benefits include, but are not limited to, FICA @ 7.65% (includes Social Security @ 6.2% and Medicare @ 1.45%); ESC (list the current rate for the employer's share that has been computed by DOL); and Workers Compensation (%varies).

		Requested Amount	Documentation Attached?
<b>3. Materials</b>	If CDBG funds will be used to purchase materials, you must attach <b>materials lists</b> and <b>price quotes</b> .	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Freight</b>	Attach freight <b>estimate</b> from vendor for freight costs paid with CDBG funds only.	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Equipment Rental</b>	Identify equipment, rental rates, vendor, and number of hours to be rented for equipment rented with CDBG funds only.	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note: This section is for CDBG funds only. Do not include your cash and in-kind match portions on numbered items 1 through 10.**

		<b>Documentation Attached?</b>
<b>6. Equipment Purchase</b>	Identify equipment to be purchased with CDBG funds and attach price quotes from supplier. <i>*Only equipment that is an integral part of the facility is allowable unless it is fire protection equipment.</i>	\$_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Contractual</b>	Identify anticipated contractual agreements, their purpose, estimated costs, and attach price estimates for CDBG funded portions only.	\$_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. Insurance</b>	Identify the insurance company with whom you deal. Provide evidence that you have, or can obtain the insurance coverage required for this project; i.e. at least \$300,000 in General Liability; \$100,000 per person/occurrence Workers Compensation; \$100,000 Automobile Liability if applicable. Attach <b>price quotes</b> for pro-rated portions of insurance to be purchased with CDBG funds, if applicable.	\$_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Other</b>	Any costs that cannot possibly fit into one of the above categories should be identified here with a clear explanation of what is being paid for. Attach <b>documentation</b> .	\$_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Administration</b>	Identify and attach documentation explaining how you computed administration costs. These must be actual costs of administering the project. Administrative expenses reimbursed from this grant may not exceed 5% of the total CDBG funds you are applying for.	\$_____ <input type="checkbox"/> Yes <input type="checkbox"/> No

## C. Budget Narrative and Computation for Cash Match and In-Kind Contributions

This Budget Narrative and computation section should provide a description of how the Cash Match and In-Kind Contribution budgets were determined. At least some of your match should be cash contributed by the community. This indicates that the community will be able to pay for bills and wait for DCCED reimbursement and also shows the review committee that the community supports the project because it is willing to put money aside for it.

### 1. Cash Match:

Please identify all of your CASH Match, including the source of the funds, and the amount available. Identify the type (federal, private, other, state/local) and the documentation to support. Include documents showing these funds have been committed to the project.

Source	Amount	Federal, Private, Other, State/Local	Documentation to Support	Attached?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 2. In-Kind Contributions:

Please identify all of your IN-KIND Contributions, including the source of the funds, the amount available, the type of funds, and the documentation to support. Examples of in-kind contributions include the cost or value of any planning documents that have already been prepared; designs, feasibility studies, business plans, operating and maintenance plans, etc. For facility construction the value of land, site preparation, and donated materials can be counted as in-kind contributions.

Source	Amount	Federal, Private, Other, State/Local	Documentation to Support	Attached?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**D. Line Item Proposed Budget**

Note: Use the computations from pages 13 and 14 to complete the CDBG Request column and from page 15 to complete the Cash Match and In-Kind Contributions columns.

<b>Cost Category</b>	<b>CDBG Request</b>	<b>Cash Match</b>	<b>In-Kind</b>	<b>TOTAL</b>
1. Labor				
2. Fringe Benefits				
3. Materials				
4. Freight				
5. Equipment Rental				
6. Equipment Purchase				
7. Contractual				
8. Insurance				
9. Other				
10. Administration				
<b>11. TOTAL</b>				

**E. Please provide a budget narrative that explains each figure and specifics about what it will be used for.**  
(Add additional pages if necessary.)

**CRITERION #5**

Maximum  
Points  
Available

**10**

## **Administrative Capabilities**

- A.** Identify who will be responsible for the day-to-day management of this project.
  
  
  
  
  
  
  
  
  
  
- B.** Describe the applicant's ability to manage CDBG funds and comply with Federal/State accounting and reporting requirements.
  
  
  
  
  
  
  
  
  
  
- C.** List other grant/funds which the applicant has administered in the past; the amount of funds involved; and whether the projects were successfully completed.
  
  
  
  
  
  
  
  
  
  
- D.** Does applicant have the cash resources to administer a cost reimbursable grant agreement?
  
  
  
  
  
  
  
  
  
  
- E.** Attach one copy of the applicant's most recent audit including management letters and any other reports received with the audit. If findings are identified, describe how they have been resolved or what the current status is. If an audit has not been done, a copy of the entity's most recent certified financial statement must be submitted.